

Erich (A. F.)

Compliments of Aug. F. Erich.

A DEVICE
TO
FACILITATE THE REMOVAL
OF
DEEP WIRE SUTURES
IN THE OPERATION FOR
RUPTURED PERINEUM.

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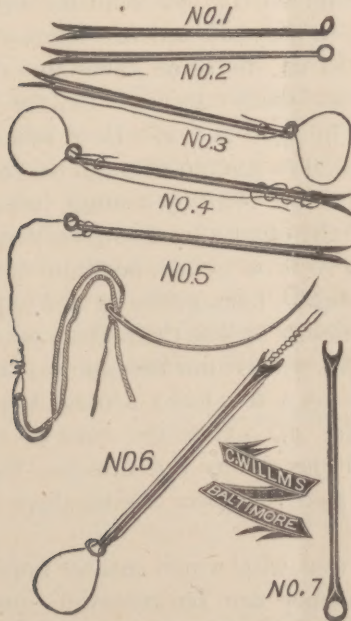
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Every surgeon who has operated for extensive rupture of the perineum must have felt that the removal of the wire sutures is the most unsatisfactory part of the operation. The loop of the wire, as well as a portion of the twisted part, being deeply buried in the swollen tissues, is entirely out of sight. Seizing the protruding end of the twisted wires the operator gropes with the point of the scissors in the supposed direction of the loop, and cuts whenever he thinks he

has reached it. It often happens that he has to cut several times before he succeeds in including the wire between the blades. If the twisted portion should be a little bent, it would be almost impossible to avoid cutting it off near the loop, in which case a complete ring of wire would remain deeply imbedded in the tissues. The difficulty of the removal of sutures applied to the recto-vaginal septum, especially upon its rectal surface, is so great that many operators use cat gut and leave it to be absorbed. But, few surgeons who have had much experience with cat gut sutures would be willing to rely on them in these operations. Drs. Cutter and Bache Emmett have invented instruments to overcome the difficulties experienced with deep wire sutures in the operation for ruptured perineum. While they greatly facilitate the removal of the perineal sutures, they are of little use in removing those in the recto-vaginal septum.

The accompanying wood cut shows a little device by means of which I think I have succeeded in overcoming the whole difficulty. By its use the junction of the

wire is removed so far from the surface of the tissues as to be always within easy view.



ERICH'S DEEP SUTURE STYLET.

The stylet is of steel and $1\frac{1}{2}$ inches long; at one end is an eyelet, and at the other a small rounded fork. (See cut No. 7.) Both ends of the wire are passed through

the eyelet after they emerge from the tissues; carried over the fork at the other end, and twisted until the necessary tension is secured [No. 6]. In some the eyelet is parallel to the shaft and in others, at right angles to it. In some cases the sutures are most easily secured by the stylet figured in No. 1 and 2. Here one end of the wire, after passing through the eyelet is secured to the shaft by a single twist, [No. 5], and the other after being tightened by traction with a gentle pendulum motion and fastened temporarily by passing over the clamping fork at the upper end of the shaft [No. 3]. It can then be permanently secured by a few turns around the shaft. [See No. 4]. After the sutures are all secured the stylets are brought together and a piece of gum tubing slipped over them.

The ease with which sutures applied in this manner can be removed, must be manifest at the first glance. In the kind first described [No. 6 and 7] one wire is to be cut below the twist and then seizing the long end of the wire and the stylus with a forceps gentle traction will bring both

away. In the second variety [Nos. 1 and 4], a little traction made upon the end of the wire wrapped around the upper end of the stylet draws it out of the clamp, when it is cut off close to the tissues and the stylet is removed by gently drawing upon the stylet to the foot of which the other end of the wire is attached. Mr. Willms makes these little instruments very neatly.

As the principle of the application of these sutures differs considerably from that in general use, the operator is advised to acquire the necessary dexterity in using them by a little preliminary practice upon a piece of soft leather fastened to a table.

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